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NOTICE OF ALLOWANCE AND FEE(S) DUE

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7590

01/20/2006

UNITED STATES SURGICAL, A DIVISION OF TYCO HEALTHCARE GROUP LP 150 GLOVER AVENUE NORWALK, CT 06856 EXAMINER

JACKSON, GARY

ART UNIT PAPER NUMBER

3731

DATE MAILED: 01/20/2006

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/620,160 | 07/15/2003 | Scott Cunningham | 2851 | 9515 |

TITLE OF INVENTION: UNIFORM STRESS NEEDLE

| ſ | APPLN. TYPE | PPLN. TYPE SMALL ENTITY IS: | | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|---|----------------|-----------------------------|--------|-----------------|------------------|------------|
| | nonprovisional | NO | \$1400 | \$300 | \$1700 | 04/20/2006 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED</u>. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

| CURRENT CORRESPONDEN | CE ADDRESS (Note: Use Block 1 for | any change of address) | | Note: A certificate o | f mailing can only be used for | or domestic mailings of the | | |
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| | | | | Fee(s) Transmittal. T | his certificate cannot be used in all paper, such as an assignment | for any other accompanying | | |
| 50855 7 | 7590 01/20/2006 | | | have its own certifica | ite of mailing or transmission. | in or rotting, mass | | |
| UNITED STATES SURGICAL, A DIVISION OF TYCO HEALTHCARE GROUP LP 150 GLOVER AVENUE | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an enveloy addressed to the Mail Stop ISSUE FEE address above, or being facsimi transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | |
| NORWALK, CT (| | | | | | | | |
| | | | | | | (Depositor's name) | | |
| | | | | | | (Signature) | | |
| | | | | | | (Date) | | |
| APPLICATION NO. | FILING DATE | FI | IRST NAMED INVEN | TOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | | |
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| EXAM | MINER | ART UNIT | г с | LASS-SUBCLASS | | | | |
| JACKSO | JACKSON, GARY | | | 606-222000 | | | | |
| 1. Change of correspondence CFR 1.363). | ce address or indication of "Fe | ee Address" (37 | | the patent front page, | | | | |
| _ ′ | dence address (or Change of 22) attached. | Correspondence | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to | | | | | |
| _ | | | | | | | | |
| PTO/SB/47; Rev 03-02 Number is required. | tion (or "Fee Address" Indica or more recent) attached. Use | of a Customer | 2 registered attorneys or agents. If no name is listed, no name will be printed. | | | | | |
| 3. ASSIGNEE NAME ANI | D RESIDENCE DATA TO B | E PRINTED ON TH | HE PATENT (print | or type) | | | | |
| PLEASE NOTE: Unless recordation as set forth in | s an assignee is identified be n 37 CFR 3.11. Completion of | low, no assignee da of this form is NOT | ata will appear on t a substitute for filin | he patent. If an assig g an assignment. | nee is identified below, the d | ocument has been filed for | | |
| (A) NAME OF ASSIGN | IEE | (B) | RESIDENCE: (CIT | Y and STATE OR CO | DUNTRY) | | | |
| | | | | | | | | |
| Please check the appropriate | e assignee category or catego | ries (will not be prin | ited on the patent): | ☐ Individual ☐ (| Corporation or other private gro | oup entity Government | | |
| 4a. The following fee(s) are | enclosed: | 4b. 1 | Payment of Fee(s): | | | | | |
| Issue Fee | | | A check in the amount of the fee(s) is enclosed. | | | | | |
| Publication Fee (No small entity discount permitted) | | | Payment by credit card. Form PTO-2038 is attached. | | | | | |
| ☐ Advance Order - # of Copies | | | The Director is hereby authorized by charge the required fee(s), or credit any overpaym Deposit Account Number (enclose an extra copy of this form). | | | | | |
| _ * | (from status indicated above | · _ | | | | | | |
| | SMALL ENTITY status. See | | | | ALL ENTITY status. See 37 C | | | |
| The Director of the USPTO NOTE: The Issue Fee and F interest as shown by the rec | is requested to apply the Issu Publication Fee (if required) v ords of the United States Pate | te Fee and Publication will not be accepted to the and Trademark C | on Fee (if any) or to from anyone other to Office. | re-apply any previous nan the applicant; a re | sly paid issue fee to the applica gistered attorney or agent; or the | ition identified above. ne assignee or other party in | | |
| Authorized Signature | | | | Date | | | | |
| Typed or printed name | | | Registration No | | | | | |
| This collection of informati an application. Confidential submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313 | ginia 22313-1450. DO NOT | 11. The information 122 and 37 CFR 1. O. Time will vary dould be sent to the 0 SEND FEES OR CO | is required to obtai 14. This collection lepending upon the Chief Information (DMPLETED FORM | n or retain a benefit by is estimated to take 12 individual case. Any c officer, U.S. Patent and S TO THIS ADDRES | the public which is to file (and minutes to complete, including comments on the amount of the d Trademark Office, U.S. Dep SS. SEND TO: Commissioner | d by the USPTO to processing gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450 | | |



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| UNITED STA | | | JACKSOI | JACKSON, GARY | | | |
| | | HEALTHCARE GF | ADTIBUT | PAPER NUMBER | | | |
| 150 GLOVER | AVENUE | | | ART UNIT | PAPER NUMBER | | |
| NORWALK, C | T 06856 | | | 3731 | | | |
| | | | | DATE MAILED: 01/20/200 | DATE MAILED: 01/20/2006 | | |

Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 320 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 320 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.